

2011 MONTHLY PREMIUMS FOR PART-TIME EMPLOYEES

2010 PRESENT RATES

CHOICE PPO PLAN (80/20)

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$429.00	\$214.50	\$214.50	\$107.25	\$2,574.00	\$152.50	\$76.25
Family	\$1,217.00	\$608.50	\$608.50	\$304.25	\$7,302.00	\$420.00	\$210.00

CHOICE PLUS PLAN (90/10)

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$763.00	\$214.50	\$548.50	\$274.25	\$6,582.00	\$347.50	\$173.75
Family	\$1,819.00	\$608.50	\$1,210.50	\$605.25	\$14,526.00	\$830.00	\$415.00

COPAY CHOICE PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$480.00	\$214.50	\$265.50	\$132.75	\$3,186.00	\$202.59	\$101.25
Family	\$1,391.00	\$608.50	\$782.50	\$391.25	\$9,390.00	\$580.00	\$290.00

BASIC CHOICE PLAN (50/50)

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$368.00	\$214.50	\$153.50	\$76.75	\$1,842.00	\$122.00	\$61.00
Family	\$1,001.00	\$608.50	\$392.50	\$196.25	\$4,710.00	\$252.00	\$126.00

DENTAL CHOICE PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$95.00	\$47.50	\$47.50	\$23.75	\$570.00	\$47.50	\$23.75
Family	\$170.00	\$85.00	\$85.00	\$42.50	\$1,020.00	\$85.00	\$42.50

DENTAL CHOICE PLUS PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$110.00	\$47.50	\$62.50	\$31.25	\$750.00	\$62.50	\$31.25
Family	\$250.00	\$85.00	\$165.00	\$82.50	\$1,980.00	\$165.00	\$82.50

PREVENTATIVE CHOICE PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$85.50	\$47.50	\$38.00	\$19.00	\$456.00	\$38.00	\$19.00
Family	\$142.00	\$85.00	\$57.00	\$28.50	\$684.00	\$57.00	\$28.50

BASIC VISION PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck
Single	\$4.35	\$4.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$6.79	\$6.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

VISION PLUS PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck
Single	\$6.35	\$4.35	\$2.00	\$1.00	\$24.00	\$2.00	\$1.00
Family	\$13.70	\$6.79	\$6.91	\$3.46	\$82.92	\$6.91	\$3.46